CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: : **MDO Parole Revocation Guidelines**

Function Category:

☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Care of Patient **Heading: Programming**

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Hospital: **Atascadero State Hospital**

The following items are available regarding this Best Practice:

☒ **Written Guidelines**

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

The MDO patients (commitment codes 2962 & 2964) come to the Dept. of Mental Health from the Dept. of Corrections with the status of "on Parole." On the occasions when they engage in criminal activity during their DMH hospital stay, their "parole" status may be revoked and they may be sent back to the Dept. of Corrections. Hospital clinicians evaluate the patient and make recommendations regarding revocation to the Board of Prison Terms. The process requires that a distinction be made between behavior caused by mental illness and behavior that is simply dangerous or criminal. Often this distinction is difficult to make in this patient population but it is important and fundamental to the revocation process

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

Clinicians were in the position of making recommendations to revoke parole with minimal, standardized guidelines to help them through the decision process. They were left to make this critical decision with their own individual and subjective assessments. When clinicians were uninformed about the revocation process they were unable to accurately assess and recommend who should be revoked and who should not. In addition if they were unable to adequately argue for a needed revocation, Treatment Units were left with a criminal, problematic, disruptive patient that affected the entire treatment milieux.

3. **ANALYSIS** **(Describe how the problem was analyzed.):**

Persistent confusion and complaints from staff indicated a need for a standardized process. It was clear that some questions should routinely be explored to make the best assessment and recommendation.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

A QAT was formed to develop guidelines for clinical staff to help ensure a sound, uniform, standardized, assessment and recommendation process for parole revocation. The document guides staff through a complex series of questions and clinical judgments. The QAT used as its foundation, 1) the information they knew that the Board of Prison Terms required to evaluate a revocation and, 2) a structure for ASH staff to incorporate their clinical experiences into their recommendations. The criteria in the guidelines was approved by the Forensic Service PMT and the Quality Council and distributed to clinicians for use.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

When the occasion arises where MDO parole revocation is desired the guidelines lead clinical staff through a set of questions to help them uniformly determine the appropriateness of the recommendation to revoke parole in a fashion consistent throughout the hospital.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

The use of the guidelines helps to eliminate poorly thought-out recommendations and has preserved credibility for ASH with Parole and the Broad of Prison Terms, as they have come to expect logical and sound proposals. In addition, patient care is enhanced, by reducing the likelihood that a recommendation might be made through sheer frustration with a difficult-to-treat patient.